

Foster Family Home - Corrective Action Report

Provider ID: 1-180006

Home Name: Reymando Fiesta, CNA

Review ID: 1-180006-1

94-550 Laenui Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 4/10/2018

End Date: 4/19/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) The NEW Home visit for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 4/24/2018.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) and 7.1.(a)(2) Fingerprinting, APS/CAN not present in the home for HHM#1 and HHM#2.

Foster Family Home

Information Confidentiality

[17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) Training for confidentiality policies and procedures and client privacy rights not present in the home for HHM#1 and HHM#2.

Foster Family Home


Personnel and Staffing

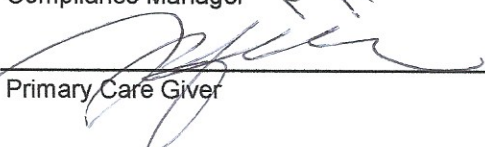
[17-1454-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f) TB Clearance not present for HHM#1 and HHM#2.


Compliance Manager


Primary Care Giver

4/10/2018
Date

4/10/2018
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **REY FIESTA CCFFH**

CCFFH Address: **94-550 Laenui St., Waipahu, HI. 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	-Fingerprinting done, APS/CAN done with HHM#1	04/11/18	Fingerprinting, APS/CAN file in the Home Binder and will do 2019 for second set.
7.1(a)(2)	-PCG recorded wrong on the Number of HHM. -HHM#2 does not live in the Home.		Verified recorded HHM#2 does not live in the home.
13.1(b)(5)	-Training for Confidentiality, Policies & Procedures and Client Privacy Rights for HHM#1	04/10/18	Training conducted with HHM#1, form is filed in the Home Binder. Make sure that any additional HHM will undergo such training and notify CTA.
41(f)	TB Clearance for HHM1 done	04/11/18	Documents/ completed, forms filed in the home binder. Calendar reminder will be posted in the home binder and will check monthly if there's a need to renew or update on

ALL member of the CCFFH

Primary Caregiver's Signature: _____

Print Name: **Reymando P. Fiesta**

Date of Signature: 04/18/2018